

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|---|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature <input checked="" type="checkbox"/> <i>Edwina Johnson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to:</p> <p>M. David Barber Esq. District Attorney Tenth Judicial Circuit of Alabama 801 Richard Arrington Jr. Blvd. N. Suite L-01 Birmingham, AL 35203</p> | | <p>B. Received by (Printed Name) <i>Edwina Johnson</i></p> | <p>C. Date of Delivery 2:07CV319 STC</p> |
| <p>2. Article Number (Transfer from service label)</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>PS Form 3811, February 2004</p> | | <p>Domestic Return Receipt</p> | |
| <p>7002 0860 0000 8550 4937</p> | | <p>102595-02-M-1540</p> | |